

FALL 2004

Alcohol, Tobacco and Other Drugs

Prevention File



■ **Sobriety Checkpoints:**
Effective but Not Used Much

■ **Paying the Piper,**
Calling the Tune

■ **Going Down Tobacco Road**
When It Comes to Taxes

Go West for Medical Marijuana

As a result of the November elections people in nearly 75 percent of Western states have access to marijuana for medical reasons. The laws are a result of ballot initiatives that bypass state legislatures. Montana is the most recent state to get a medical marijuana law on the books.

According to an Associated Press dispatch (Nov.4, 2004)

activists and political scientists say it's easier to get medical-marijuana initiatives approved in Western states because they generally are in the forefront of social trends. Furthermore, people who live in the West tend to frown on dictating to others what they can and can't do.

"Westerners have a stronger belief in kind of individualism in the old-fashioned frontier sense," said Sven Steinmo, a University of Colorado political scientist and board member for the Center of the American West.

"Our politics in the West are much less constrained and it gives opportunities for initiatives like the death-with-dignity issue in Oregon or medicinal marijuana. You name it," said David Olson, a political scientist at the University of Washington.

Top Ten Countries When It Comes to Drinking

According to *World Drink Trends 2004*, published by Britain's World Advertising Research Center, the United States ranks just twenty-sixth among forty-five countries in per capita alcohol consumption. When it comes to volume, big beer- and wine-drinking countries generally imbibe more alcohol per capita than countries that favor liquor. For example, vodka-loving Russians drink more spirits than any other nationality—the equivalent of one 80-proof shot a day for every citizen. But Russia ranks only fifteenth in overall drinking.

Americans on average throw back twenty-two gallons of beer a year, but lag in wine and liquor consumption.

Here are the top ten countries in terms of annual intake of pure alcohol per person:

1. Luxembourg—3.14 gallons
2. Hungary—2.93 gallons
3. Czech Republic—2.85 gallons
4. Ireland—2.85 gallons
5. Germany—2.75 gallons
6. France—2.72 gallons
7. Portugal—2.56 gallons
8. Spain—2.54 gallons
9. Great Britain—2.54 gallons
10. Denmark—2.51 gallons

Alcohol Price and Problem Link in Czech Republic

A World Health Organization report finds that poor control over the sale of alcohol, insufficient law enforcement, and a lack of restrictions on alcohol advertising and sponsorship at youth and sports events have led to a growing alcohol problem among children in the Czech Republic (*The Prague Post*, Sept. 9, 2004).

Marian Koranda, MD, and his colleagues have been treating patients with alcohol problems as young as age ten. Recently, a new children's detox center opened in central Prague to address the number of juveniles addicted to alcohol.

"One key reason there are so many young people with alcohol-related problems and dependency is that alcohol is so cheap, and that makes it too easily accessible," Koranda said.

Beer in Prague can be purchased for as little as 19 cents per 17-ounce bottle. Wine and distilled spirits are just as inexpensive. According to the WHO report, beer is cheaper to purchase in the Czech Republic than soft drinks.

"The Czech Republic has one of the cheapest prices for alcohol in the world in relation to the cost of nonalcoholic drinks and GDP," said Karel Nespor, MD, national coordinator of WHO's European Action Plan on Alcohol and head of the addiction-treatment center at Prague's Bohunice hospital.

"One of the things needed is to raise the price of alcohol by raising taxes," he said.

"If the aim is to promote less consumption of alcoholic beverages, a soft drink should be cheaper than beer," says the WHO report.

But Finance Ministry spokesman Marek Zeman said there are no plans to raise alcohol taxes in the Czech Republic. "We don't believe that raising the tax on alcohol would have any effect on reducing alcohol-related problems," he said. "With the increase in VAT, the price on alcohol has been raised enough."

Drinking Takes a Heavy Toll

Drinking causes more than 75,000 deaths in the United States each year, resulting in nearly 2.3 million years of potential life lost among Americans, according to a new report from the Centers for Disease Control and Prevention (*Morbidity and Mortality Weekly Report*, Sept. 23, 2004). Researchers found alcohol-related deaths cut lives short by an average of 30 years, and the most common victims are men over 35.

The study shows deaths due to excessive alcohol use were nearly evenly divided between those caused by chronic conditions related to alcohol abuse, such as liver disease, and acute conditions, including car crashes, violence and accidents.

Excessive alcohol use is defined as an average of more than two drinks per day or more than four drinks per occasion for men. For women, it's an average of more than one drink per day or more than three drinks per occasion.

Report findings include:

- All acute alcohol-related deaths from injuries were due to binge drinking (defined as five or more drinks per occasion for men and four or more drinks per occasion for women).
- Most deaths from excessive drinking involved men (72 percent), and most (75 percent) of the men who died were age 35 or older.
- The most common cause of alcohol-related deaths due to chronic conditions was alcoholic liver disease.

Prevention File is a publication of The Silver Gate Group
(Federal Tax ID: 33-0714724)

Opinions expressed herein are those of the authors or other sources cited and do not necessarily reflect the beliefs of The Silver Gate Group, its editorial advisors, its officers or its personnel.

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Printer: Precision Litho

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Prepaid domestic subscription rate: \$25/one year, \$40/two years, \$55/three years. Bulk-order discount prices available upon request. Canada: \$29 USD/one year, Beyond: \$39 USD/one year. Address: *Prevention File*, P.O. Box 420878, San Diego, CA 92142-0878
ISSN 1065-3961 (National edition)
ISSN 1065-3953 (Orange County edition)
ISSN 1534-4495 (Ventura County edition)

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PAYING THE PIPER, CALLING THE TUNE.....

 AMERICAN VOTERS—
DEMOCRATS, INDEPENDENTS
AND REPUBLICANS—have
one thing in common: they strongly support
increases in so-called “sin taxes” such as
tobacco and alcohol, to reduce state budget
deficits, according to a national survey from the
American Medical Association Office of Alcohol
and Other Drug Abuse.

Respondents supported using revenue from
alcohol tax increases to fund education, health
care and law enforcement related to drink-
ing. The poll also demonstrated that most
Americans do not know the alcohol tax rate
in their state. Once given that information, a
majority of voters supported an increase and
one-third of those believed alcohol taxes should
be raised “a lot” (see sidebar).

This is not the first time that the American
public has expressed its support for increases
in alcohol excise taxes. Since the mid 1980s
national and state opinion polls have routinely
found broad support for increases in alcohol
taxes. In fact, national public opinion polls
conducted between 1986 and 1989 found that
66 percent of American favored alcohol tax
increases to fund programs to reduce alcohol
problems, with up to 81 percent favoring
increases to reduce deficits (*Journal of Public
Health Policy* 11, 1990).

It's not just the public that supports increased alcohol taxes. The National Research Council and Institute of Medicine recommend that Congress and state legislatures raise excise taxes "to reduce underage consumption and to raise additional resources for this purpose. Top priority should be given to raising beer taxes, and excise tax rates for all alcoholic beverages should be indexed to the consumer price index so that they keep pace with inflation without the necessity of further legislative action" (*Reducing Underage Drinking: A Collective Responsibility*, 2003).

The IOM recommendation is based on an extensive body of research reporting that the prevalence of underage drinking and heavy drinking are "responsive to even small changes in tax rates."

Despite such public and research support and rising state and federal deficits, measures to increase alcohol excise taxes have had little success. And for the most part increases that have occurred have not made up for the inflation that has chipped away at revenues for decades. Why is this?

The easy answer is that increases in alcohol excise taxes are vehemently opposed by the alcohol industry. According to the Center for Representative Politics, this industry, made up of mainly of wine, beer and distilled

Despite such public and research support and rising state and federal deficits, measures to increase alcohol excise taxes have had little success.



spirits makers and wholesalers, tends to lobby Congress on alcohol taxes and regulations. But the alcohol industry doesn't limit its lobbying to rolling back taxes.

"The industry lobbies on a multitude of issues that it views as potentially affecting its ability to market freely," says James F. Mosher, JD, director of the Center for the Study of Law and Enforcement Policy, Pacific Institute for Research and Evaluation.

And the alcohol industry has the resources and clout to see that its positions prevail. For example, in congressional and presidential election years since 1990 the combined contributions of the alcohol industry were over \$67 million. As of September 13, 2004 contributions from the alcohol industry topped \$8 million, according to the Federal Election Commission. The biggest contributor in 2004? The National Beer Wholesalers Association, at \$2,184,914.

NBWA's legislative agenda call for a rollback of the current federal excise tax of \$18 per 31-gallon barrel to the pre-1991 level of \$9. Its Website says: "The prior tax hike had a negative impact on consumers, the industry and state governments that rely on state excise taxes for needed revenue. It also caused the largest decline in beer sales in 30 years. Excise taxes are regressive, inefficient and discriminatory. Contrary to the beliefs of some, states with higher excise taxes have, on average, higher alcohol-related arrests and more drunk driving

LOSING GROUND WHEN IT COMES TO ALCOHOL TAXES

When it comes to raising revenue through alcohol excise taxes, time is definitely not on the side of state budgets. According to *Fact Book on State Beer Taxes* (Center for Science in the Public Interest, 2004) in many states decades have passed since the last beer-tax increase. "Beer has become cheaper and more available, and state treasuries have been deprived of billions of dollars in revenue."

That's because beer excise taxes are imposed as a flat tax on a certain quantity of beverage—usually a gallon—so inflation erodes the value the tax rates. The degree to which those values decline depends on the rate of inflation since states last raised their rates. Twenty-two states have not raised their beer tax rates for 20 years or more and only 11 states have raised taxes within the past ten years. In some states, where beer tax rates have remained constant for a long time, the deflated tax rates per drink have fallen close to zero. For example, Wyoming last raised its excise tax on beer in 1935, when it imposed a \$0.02 tax on a gallon of beer. Its *de facto* rate—adjusted for inflation—is \$0.00.

Most states direct the revenues collected from alcohol taxes into their general funds. Twenty-four states earmark alcohol-tax revenue for specific uses, and of those, ten states use the funds for alcohol programs. In 2000 states collected \$1.9 billion in beer excise taxes. Excise taxes on beer and tobacco vary greatly state by state. Overall, beer tax rates pale in comparison to taxes imposed on tobacco products, including cigarettes. State taxes on cigarettes average \$0.60 per pack across the United States, whereas beer taxes average merely \$0.15 per six-pack. During the past decades, states have increased taxes on cigarettes hundreds of times, both to maximize revenue and to deter health-damaging smoking (see page 18). In contrast, despite enormous costs and harm associated with beer consumption, states have been generally unwilling to raise taxes on beer. Those tax hikes have been few and far between.

Fact Book on State Beer Taxes is available at cspinet.org/booze/taxguide/040802BeerReport.pdf

arrests

and fatalities"

(www.nbwa.org/public/

[gov_industry_issues/legislative_issues/leg_](http://www.nbwa.org/public/gov_industry_issues/legislative_issues/leg_issue_4.aspx)

[issue_4.aspx](http://www.nbwa.org/public/gov_industry_issues/legislative_issues/leg_issue_4.aspx)). However, the Center for Science in the Public Interest points out that the 1991 federal excise tax increase was the only one in the last five decades. Even at today's rate the tax would have to increase to \$1.15 per six-pack (from the current level of approximately \$0.33 per six pack) just to offset the effects of inflation since 1951. It also disputes industry claims that the 1991 tax increase damaged the industry.

The alcohol industry doesn't limit its lobbying efforts to Congress. For example, aggressive lobbying by the alcohol industry led to the defeat of a 2003 measure to increase Georgia's alcohol taxes, according to the *Atlanta Journal-Constitution* (March 17, 2003). The bill would have raised the tax on a six-pack of beer by 14 cents, a bottle of wine by 15 cents, and a bottle of liquor by 50 cents.

"To push its message that Georgia Gov.

The industry lobbies on a multitude of issues that it views as potentially affecting its ability to market freely.

Sonny Perdue's alcohol-tax proposal should be defeated in the state legislature, the Georgia Alcohol Dealers Association stocked hotel 'hospitality suites' for lawmakers. In addition, the state's beer wholesalers association held a \$4,700 luncheon for the General Assembly."

"They have a strong lobby group. Their numbers are few, but they are very involved," said Rep. David Baugh Graves (R-Macon), a member of the House Regulated Industries Committee, which handles liquor bills. "It was dead when it got there."

According to *Under the Influence: the Campaign Contributions of the Alcohol Industry* (Common Cause New Mexico, 2004), in New Mexico, where 69 percent of the voters support an increase in the state's alcohol excise taxes, a proposal by Gov. Bill Richardson to raise alcohol taxes didn't even make it to the state legislature. Common Cause New Mexico asks: "With so much momentum for an increase in the alcohol tax, why did lawmakers fail to act? Campaign contributions suggest an answer."

The Governor appointed a Blue Ribbon Tax Commission to study tax proposals and make recommendations to the legislature. But three legislators on the Commission had been given a total of \$16,325 by the alcohol and industry, and Gov. Richardson appointed a former alcohol lobbyist to staff the Commission. In addi-

tion, the alcohol industry contributed \$237,471 to New Mexico state campaigns in 2002 and \$154,637 to Gov. Richardson for his 2002 gubernatorial campaign.

In California, where the last increase on the beer excise tax was in 1991, the alcohol industry spent \$798,725 influencing elections in the 2003-04 election cycle (The Marin Institute). An unsuccessful tax increase proposal in 2003 aimed to address the loss in tax revenues attributed to inflation, which has eroded the 1991 beer tax rate of \$0.20 to an effective rate of \$0.15—a 25 percent reduction in value.

The IOM estimates that the alcohol industry income from underage drinkers is \$22 billion a year, most of it from beer. With so much at stake, it's likely that legislative measures to reduce underage drinking, such as increases in alcohol excise taxes, will continue to face opposition from the alcohol industry, much of it through contributions to federal and state lawmakers. But such influence buying is not popular with the public. A national poll conducted in 2002 by Mothers Against Drunk Driving and CSPI found that most Americans (69 percent) believe that it is inappropriate for politicians who accept money from the beer industry to vote on bills to reduce beer taxes. □

SOBRIETY CHECKPOINTS:

EFFECTIVE BUT NOT USED MUCH

By Jim Gogek

Sobriety checkpoints could significantly reduce the 17,000 deaths and half-million injuries each year in drinking driving crashes, but police agencies aren't using them nearly as often or as effectively as they could, according to new research.

A research report by three of the nation's top traffic safety experts found that checkpoints clearly save lives and prevent injuries. But because of misperceptions that checkpoints aren't productive or cost effective, and a lack of publicity about them in the local media, most police agencies and state highway patrols don't use them enough. Entitled *Sobriety Checkpoints: Evidence of Effectiveness is Strong, but Use is Limited*, the research report from the Pacific Institute for Research and Evaluation was published in September in the journal *Traffic Injury Prevention*.

More frequent and better publicized sobriety checks can cut impaired driving fatal crashes by 20 percent, the research shows. Public awareness about checkpoints is critical to their effectiveness because it deters people from drinking and driving. Public support for checkpoints remains high, but local publicity about individual events has been waning, according to the researchers.

While the number of people killed in alcohol-related crashes has declined from about 26,000 in 1982 to 17,000 last year, the death toll remains unacceptably high, and needlessly so, according to James C. Fell, the principal inves-

tigator for the report. Fell is director of Traffic Safety and Enforcement Programs for the Pacific Institute for Research and Evaluation.

"We are killing the equivalent of the 9/11 disaster every other month on our highways due to impaired driving," said Fell. "We know how to reduce the problem but can't get attention to the issue. Just because the 17,000 people being killed in alcohol-related crashes each year are happening one or two at a time doesn't mean they are not important."



“There’s strong evidence that, if conducted on a weekly basis and highly publicized, checkpoints would save a lot more lives,” he said.

“Unfortunately, misperceptions about checkpoints have become barriers to their use, and Americans are paying for it with their lives.”

One major problem, according to the researchers, is that media coverage of checkpoints has been flagging.

Because the effectiveness of checkpoints

includes deterrence, publicity is critically important; if potential drinking drivers aren’t made aware of checkpoints in their community, they won’t be as afraid of getting caught.

Unfortunately, many in the media think that sobriety checkpoints are old news, despite the fact that they can save thousands of lives nationwide, so they don’t receive the coverage they used to get. That’s one of the reasons the National Highway Traffic Safety Administration has launched its own media campaign, whose slogan is “You Drink & Drive. You Lose.”

The lack of media coverage also may undermine political support for checkpoints

and the motivation of police agencies to undertake them, the researchers said. Local government officials may be more likely to provide financial support for checkpoints and police officers might find standing outside at night staffing checkpoints more rewarding if there’s public recognition through the media.

The report points out that polls show public support for strong DUI enforcement and specifically for checkpoints. It recommends organized community group support for police agencies doing checkpoints, including activities such as bringing out sandwiches and coffee for the officers. Active community groups also can overcome the lack of media attention to help build political support for checkpoints.

In an earlier study sponsored by the Insurance Institute for Highway Safety, Fell surveyed police agencies and found many faulty beliefs underlying most police agencies’ reluctance to fully utilize checkpoints. One misconception is that large numbers of officers are necessary for checkpoints; this belief may create over-inflated concerns about staffing and costs. Research sponsored by the National Highway Traffic Safety Administration found no differences in effectiveness for checkpoint programs with small staffing levels—three to five officers—compared to high staffing levels, eight to twelve officers. A checkpoint program that used fewer officers could be more palatable to local governments and police agencies concerned about costs.

Checkpoints would become even more effective if agencies used widely available devices



I’ll check for you.

Drunk and drugged driving kills 16,000 people each year. More than 300,000 people are hurt and 1.5 million are arrested. One in three Americans will be affected by this violent crime in their lifetime. You, your friends, your family could be next.

This holiday, law enforcement agencies across the country will stop impaired driving in its tracks. The holiday sobriety checkpoints and saturation patrols will help make the roads safer for everyone.

So be prepared. If you drink, don’t drive. Call a taxi, designate a sober driver, or plan on spending the night wherever you choose to celebrate.

Remember....
You Drink & Drive. You Lose.



Sponsored by the National Highway Traffic Safety Administration You Drink & Drive. You Lose. campaign.

HEAVY DRINKERS CAN GET HELP IN THE ER

Hospital emergency rooms may be an effective place to target heavy drinkers for referral to counseling, says a British study published in the online issue of *The Lancet* (Sept. 29, 2004).

The study noted that about one-third of emergency department patients had been drinking before their arrival at the hospital. After midnight, people who had been drinking accounted for more than two-thirds of emergency room patients.

This study included 600 emergency patients who'd been drinking. Half were given an information leaflet about the dangers of alcohol and the other half received an information leaflet and an appointment with an alcohol-health worker. After six months, the patients who'd been referred to an alcohol-health worker were consuming an average of 60 units of alcohol a week, compared with an average of 83 units of alcohol a week for people who received only the leaflet.

"Screening and referral for brief intervention for alcohol misuse in an emergency department is associated with reduced alcohol consumption and reattendance in the emergency department who are misusing alcohol provides an opportunity to help patients develop insight into the consequences of their drinking and promote improved health," said study author Mike Crawford, MD, of the Imperial College London.

There's strong evidence that, if conducted on a weekly basis and highly publicized, checkpoints would save a lot more lives.

called passive alcohol sensors. These sensors, which are typically installed in flashlights, can quickly provide an indication of whether a driver has been drinking. Armed with that information, officers at checkpoints could better target drinking drivers and markedly improve the efficiency of checkpoints.

Passive sensors also can help catch impaired drivers that police officers might otherwise miss. Three studies in which a survey team obtained breath tests from drivers who had been passed through checkpoints indicated that about half the drivers whose blood alcohol concentration was over .10 (the legal limit today is .08) were not apprehended. Officers using passive sensors increase their rate of detection of intoxicated drivers by 59 percent, according to two studies.

State legal decisions have ruled that alcohol sensors held through open driver-side windows don't constitute a "search" under the Fourth

Amendment, so police can freely use them. But few police agencies do.

Research also found that the belief by many police officers that checkpoints yield few arrests is incorrect and misses the point. Checkpoints serve as a general deterrent to drinking and driving and are primarily designed to reduce the behavior in the first place. In addition, officers at checkpoints can achieve arrest rates as high as or higher than traditional enforcement methods. A 1995 study compared checkpoints with DUI patrols and found that alcohol-related crashes declined 28 percent in checkpoint communities compared to 17 percent in areas using roving DUI patrols.

The research report concludes by noting that checkpoints are used mainly as high-profile techniques primarily around national holi-



A system combining frequent, regular checkpoints utilizing passive sensors could achieve the life-saving impact of random breath-test programs for drivers used in Australia and other countries.

days, and not on a regular basis, which greatly diminishes their effectiveness. The authors recommended a model they call "PASpoints," for its utilization of passive alcohol sensors. This model, which could even be implemented by small communities, consists of three to five traffic patrol officers conducting checkpoints for one to two hours on weekend evenings and using passive sensors in addition to interviews with motorists. Volunteer auxiliaries or community groups could help transport equipment and set up sites. Initial costs for equipment such as sensors could be covered by state or federal highway safety funds.

When such weekly checkpoint operations would become standard features of police activity for a community, the large number of contacts with motorists, in addition to whatever media coverage or public service announcements accompany the effort, would convince the driving public that they're at real risk of getting caught if they drink and drive. A system combining frequent, regular checkpoints utilizing passive sensors could achieve the life-saving

impact of random breath-test programs for drivers used in Australia and other countries, the study authors note. Random breath-test programs involve checkpoints stopping all drivers for breath tests, which would not pass constitutional muster in the United States. These programs in other countries have been shown to reduce alcohol-related fatal crashes by anywhere from 13 to 36 percent.

The authors of *Sobriety Checkpoints: Evidence of Effectiveness is Strong, but Use is Limited*, are James C. Fell, the former chief of research and evaluation of traffic safety programs for the National Highway Traffic Safety Administration, where he worked from 1969 to 1999; John Lacey, who has been involved in impaired driving research for 30 years, including 20 years at the Highway Safety Research Center at the University of North Carolina; and Robert Voas, PhD, who has been involved in research on alcohol and highway safety for over 30 years, serving as principal investigator on more than a dozen research contracts for the U.S. Department of Transportation. □

Jim Gogek is a senior writer at the Pacific Institute for Research and Evaluation

THE VALUE OF CAMPUS-COMMUNITY PARTNERSHIPS

**We are
finding that
communities
and universities
can come
together to build
comprehensive
prevention
approaches that
target the larger
social forces
supporting
misuse of
alcohol by young
people.**

IN 1993 THE HARVARD
UNIVERSITY SCHOOL OF PUBLIC
HEALTH COLLEGE ALCOHOL

STUDY placed the problem of drinking by college students firmly on the public agenda. The survey found that 44 percent of the 17,000 students surveyed at 140 four-year colleges said that they consumed at least five drinks in a row for men or four for women in a single sitting during the two weeks before the survey—which the Harvard researchers defined as binge drinking.

That study, which was supported by The Robert Wood Johnson Foundation, prompted RWJF to mount a large initiative to address college drinking. The Foundation found that a growing body of research demonstrated that the

common use of alcohol education as the main prevention strategy was costly and producing small outcomes. Other research, however, indicated that changing the policy environment showed the greatest potential for successfully reducing underage drinking and related problems (see *Prevention File*, Vol.18, No.3, Spring 2003). The scientific literature pointed toward a number of combined key features integral to this public health approach:

- Citizen, including youth, empowerment through the organizing of coalitions or partnerships
- Media and policy advocacy and public awareness to highlight problems
- Policy advocacy of research-based solutions concerning alcohol price, service, and avail-





For at least a decade, binge-drinking rates have remained steady at most American colleges, despite heightened attention by college administrators and numerous attempts at intervention.

ability; access by youths; and advertising, promotion and sponsorship

- Public activities augmented by targeted media strategies that influence norms supportive of policy changes and healthier behaviors

In 1996 RWJF initiated *A Matter of Degree (AMOD): The National Effort to Reduce High-Risk Drinking Among College Students* as an \$8.6 million, seven-year program. The project fostered collaborations among ten universities and their surrounding municipalities. Together they addressed issues of high-risk drinking, the resulting adverse consequences for college students and the surrounding community, and how to improve the quality of life for all community residents. The ten coalitions examined how the on- and off-campus environments affect student drinking and identify and implement science-based approaches to changing those environments to promote communities with healthier, safer conditions for all. The Harvard University School of Public Health independently conducted program evaluation.

Now preliminary findings from that evaluation are in—and the news is good, at least for five of the AMOD universities (*American Journal of Preventive Medicine*, October 2004). The evaluation divided the AMOD program colleges into two groups based on their level of program implementation as of 2001. At the five program schools that incorporated more of the AMOD-recommended environmental policies and programs, significant changes

were noted in drinking and related harms. But these reductions did not occur at the group of sites that implemented fewer of these changes. Specifically, the evaluation found modest reductions—between 5 and 11 percent—in rates of binge drinking, frequent intoxication, taking up binge drinking in college, and in “usually bingeing when drinking” at the five program schools that incorporated more of the AMOD-recommended policies and programs. Students who drank alcohol at these same five schools also experienced an 18 percent reduction in student experience of five or more alcohol-related problems, such as missing classes, getting in trouble with police, and getting hurt or injured. They reported 10 percent fewer second-hand effects from other students’ heavy alcohol use, such as vandalism and interrupted sleep or study time. Similar reductions were not found at the five schools that had not implemented a high level of AMOD-recommended policies and programs.

Examples of types of policies and programs found effective by the evaluation include:

- mandatory training for responsible beverage service
- requiring registration for purchasers of kegs
- prohibiting the selling of alcohol without a license
- keeping alcohol-related items out of student bookstores
- expansion of substance-free residence halls
- promotion of alcohol-free activities



The goal of the AMOD program is to change the conditions under which college students are exposed to an environment that promotes heavy drinking.

“These initial findings show that when colleges and communities focus their prevention efforts on key environmental influences, they can produce measurable declines in alcohol consumption and harms among both drinkers and those around them,” said Elissa Weitzman, ScD, lead author and co-principal investigator of the study. “While the changes associated with the fuller implementation of the AMOD environmental program were modest, this is the first empirical evidence that environmental prevention strategies can influence drinking among college students.”

For at least a decade, binge-drinking rates have remained steady at most American colleges, despite heightened attention by college administrators and numerous attempts at intervention. The AMOD program is a departure from the most frequently employed approaches at colleges, which are primarily aimed at students through educational programs about the dangers of heavy drinking. The goal of the AMOD program is to change the conditions under which college students are exposed to an environment that promotes heavy drinking.

“The results of the study offer hope for colleges willing to address the heavy alcohol environment enveloping most college campuses,” said Richard Yoast, PhD, director of the National AMOD Program Office at the American Medical Association. “We are finding that communities and universities can come together to build comprehensive prevention approaches that target the larger social forces supporting misuse of alcohol by young people.”

Editor’s note: *For more information about the HSPH AMOD evaluation, please visit www.hsph.harvard.edu/amod. Schools participating in the AMOD program include: Florida State University; Georgia Institute of Technology; Lehigh University; Louisiana State University; University of Colorado; University of Delaware; University of Iowa; University of Nebraska at Lincoln; University of Vermont; and University of Wisconsin. For more information about AMOD, please visit www.alcoholpolicymd.com. Also see *A Matter of Degree Advocacy Initiative: Case Histories in Reducing High-Risk Drinking Among College Students* at www.alcoholpolicysolutions.net/research_studies_case_histories.htm. □*

PARTY TIME?

■ AH, THE HOLIDAY SEASON—a time of great cheer and celebrations, often fueled by alcohol and resulting in a rise in drinking and driving and traffic crashes. That's why since 1981 every President of the United States has proclaimed December to be National Drunk and Drugged Driving (3D) Prevention Month. It's both the season to be jolly and to be reminded through a plethora of prevention campaigns and messages not to drink and drive.

But should the Christmas holiday season

really be the focus of so much prevention effort? Do other holidays result in levels of drinking and driving that should merit greater concern for policymakers?

According to a paper presented at the 17th International Conference on Alcohol, Drugs and Traffic Safety in Glasgow, Scotland last August, while research has widely documented that drinking and driving, and traffic crashes in general, rise on various

holidays and special occasions, surprisingly little research has systematically compared the various holidays to determine which result in the biggest increases in drinking and driving.

To gain a better understanding of holiday drinking and driving, Steven A. Bloch, PhD, of the Automobile Club of Southern California, and his colleagues Hee-Choon Shin, PhD, University of Chicago, and Susan N. Labin, PhD, Temple University, analyzed crashes on 14 major holidays and special occasions in California to assess rises in fatal and injury drinking and driving crashes compared to comparable non-holidays.

According to the researchers, by far the most common period for DUI prevention and enforcement activities extends from Thanksgiving through New Year's. "But while this period has garnered the most attention from policymakers, and has clearly been high in drinking and driving, the absence of confirmation that this period is the best one to target for DUI raises concerns—particularly in light of results in the lead author's preliminary research about excessive DUI on occasions such as the summer holidays, the Super Bowl and St. Patrick's Day."

It turns out that the winter holiday season is indeed the one with the largest increases in drinking and driving. The two other periods notable for excessively high drinking and driving are the summer holidays (Memorial Day, Independence Day, Labor Day) and the nighttime period following the Super Bowl (typically the last Sunday in January). The study found, for example, that alcohol-related fatal and injury crashes on the worst





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night of the year, New Years Eve, rise 44 percent compared to other comparable nights. When the measure “alcohol-related crashes as a proportion of all crashes” was examined, it turned out that the crash rate fully doubles (rising 100 percent) on New Year’s Eve.

Reflecting concerns in the alcohol prevention field about the promotion by the alcohol industry of St. Patrick’s Day, Cinco de Mayo and Halloween as special occasion drinking days, the researchers examined levels of drinking and driving for those events as well. They found that “while Super Bowl is among the highest periods of excessive drinking and driving (and indeed has been over-represented in drinking and driving crashes in fully eight out of the nine years examined), there is little evidence of extra drinking and driving for the other three special occasions. For example, despite concern that Halloween is becoming an adult drinking holiday, there is no evidence to indicate that excessive drinking and driving is becoming more common on that day.”

The researchers found that most holidays and special occasions show increases in drinking and driving during daytime and nighttime hours that are similar. But two holiday periods differ notably from this pattern: Super Bowl Sunday and St. Patrick’s Day. “In both cases it is clear that excess drinking is a nighttime, not daytime, phenomenon. Of particular note is that, while there is clear evidence of excess drinking and driving on the night of the



Super Bowl, there is no evidence that drivers are excessively drinking and driving prior to the game.”

The researchers say that the longstanding concern with excessive drinking and driving during the winter holidays is largely well founded, although the Thanksgiving period should not be included in this group. In addition, recent interest in dealing with drinking and driving during the summer holidays is also “well considered, although some of the rise in DUI rates for summer holidays is likely to be attributable to the general rise in drinking and driving during the summer. Once summer DUI levels are controlled, summer holiday drinking and driving, while high, is not quite as excessive as winter holiday levels.”

They also say that a date that should be of particular concern to drinking and driving policymakers is the nighttime drinking and driving on Super Bowl Sunday. While not quite the highest of the year, it is an even more predictable phenomenon year in and year out. □

For additional information on the study contact Bloch at bloch.stevena@aaa-calif.com.

WOMEN



AND SMOKING

While men account for 3.84 million of the 4.83 million annual premature deaths linked to smoking, as smoking rates are declining among European males (*Tobacco Control*, October 2004), they are rising dramatically among young women in many parts of Europe and the world, portending an epidemic of cancers and heart disease in the next decades if the trend is not reversed, according to the World Health Organization.

Statistics on smoking by women are particularly alarming in southern Europe and the former Eastern bloc, where few women smoked two decades ago, but where young women are now being specifically targeted by advertising.

According to a report in *The International Herald Tribune* (Nov. 22, 2004) government surveys in Germany found that half the women aged 15 to 30 smoke today. In the former East Germany, the prevalence of smoking has gone up threefold among women since the Berlin Wall came down in 1989.

"This is a record for Europe, but the figures are alarming elsewhere as well. In Scotland, 24 percent of 15-year-old girls smoke, compared with 14 percent of boys that age. Smoking among teenage girls is on the rise in England, Belgium, Austria, Czechoslovakia and Finland. In fact, in virtually all European Union countries, teenage girls are more likely than boys

to smoke, a World Health Organization survey found."

Amanda Amos, a professor of health promotion at the University of Edinburgh, told the *Tribune*: "What used to be seen as a male habit is now common in both sexes, and more girls are starting than boys." In addition, scientific studies have repeatedly shown that women have a far harder time breaking the habit than men do.

According to a recent study by the International Agency for Research on Cancer in Lyon, France, while smoking generally takes a decade or two to produce serious disease, rates of lung cancer in women are already starting to surge throughout Europe, "in both younger and older women and in almost all countries." For example, lung cancer has recently overtaken breast cancer as the leading cause of cancer deaths among women in Scotland.

More than 100 women die a day in Germany as a direct result of smoking, according to the International Network of Women Against Tobacco, a U.S.-based group with members in 70 countries opposed to tobacco use among women.



IN EUROPE

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Smoking rates among males have decreased steadily in most European countries for the past ten years. Although more men than women still smoke across Europe, that balance is starting to change. For example, in Sweden, where smoking among men has decreased nearly 46 percent since 1985, there are now more women than men who smoke, according to WHO statistics. Nearly equal percentages of men and women now smoke in England and Ireland.

"The trends with women smoking are going up, not down," Martina Pötschke-Langer, MD, head of the cancer prevention unit at the University of Heidelberg's Cancer Center, told the *Tribune* "The tobacco industry has focused its advertising campaigns on the young, especially girls and women."

Each year the industry spends \$3.9 million, in Germany alone. "That's very hard to combat," Pötschke-Langer said.

The European Union has sought to impose a ban on tobacco advertising in all of its member states, but Germany has protested that decision. Pötschke-Langer said tobacco companies had been host to promotional activities to attract young girls, sponsoring movies, for example, or giving away free cosmetics along with cigarettes.

"We are fighting for a smoke-free environment," Pötschke-Langer said, "but we have a long way to go." □





GOING DOWN TOBACCO ROAD

MUCH OF THE CREDIT FOR THE SUBSTANTIAL DECLINE IN SMOKING IN THE UNITED STATES

goes to the increases in the price of cigarettes affected by increases in tobacco taxes at the federal and state levels. In fact, in 1998 then

Secretary of Health and Human Services Donna E. Shalala said: "All experts agree that one of the most important steps

we can take to reduce smoking is to raise the price of a pack of cigarettes significantly."

That sentiment is echoed by the Campaign

for Tobacco Free Kids, which says that "increasing cigarette taxes is a win, win, win solution for states that reduces smoking among kids and adults, raises

much-needed revenue to balance budgets and fund vital programs, and has strong support from voters," as follows:

• **Fewer Kids Smoking**—Studies, and experience in state after state, show that higher cigarette taxes are one of the most effective ways to reduce smoking among both youths and adults. We can predict that every 10 percent increase in the price

of cigarettes will reduce youth smoking by about 7 percent and overall cigarette consumption by 3 to 5 percent. Recent studies show cigarette price increases are effective at preventing kids from becoming addicted smokers and reducing smoking among pregnant women.

There is an expression that death and taxes are unavoidable. We argue that this is the one tax that can help you avoid death.

• **Higher Revenue for States**—Every state that has significantly increased its cigarette tax has enjoyed substantial increases in revenue, even while reducing smoking. These funds have helped states balance budgets and fund essential services like health care, education and tobacco prevention programs. Contrary to tobacco industry arguments, cigarette tax increases are a highly reliable source of revenue for states.

• **Public Support for Tobacco Taxes**—National and state polls across the country overwhelmingly support tobacco tax increases. Democrats, Republicans and Independents alike want elected officials to increase tobacco taxes to help prevent kids from smoking. It's not just in the United States that raising tobacco taxes reduces smoking. In 2000 the

TIME HAS COME FOR THE TOBACCO CONTROL PACT

The World Health Organization expects the world's first treaty on tobacco control will take effect by early 2005. So far 32 countries have ratified the treaty, known as the WHO Framework Convention on Tobacco Control, and eight more signatories are needed for it to become binding international law.

"We are very optimistic that this magic number will be reached by the end of this year," said Douglas Bettcher, coordinator of the Geneva-based Framework Convention Initiative, referring to the number still required. The treaty, once it becomes law, will strengthen controls on tobacco advertising and promotion, institutionalize smoke-free policies and hike prices of tobacco products to cut consumption.

While citing tobacco consumption as a growing public health threat, the WHO forecast global tobacco-related deaths would double to 10 million people per year by 2030 if immediate steps were not taken.

WHEN IT COMES TO TAXES



World Health Organization said that big increases in taxes on tobacco products could save millions of lives, above all in developing countries.

“There is an expression that death and taxes are unavoidable. We argue that this is the one tax that can help you avoid death,” said Prabhat Jha, co-author of the WHO report *Tobacco Control in Developing Countries*, which was the result of a three-year research project published 2000. It says that a 10 percent increase in tobacco taxes worldwide would persuade about 42 million people to give up smoking and could prevent about 10 million deaths—9 million of them in developing countries.

According to the Campaign for Tobacco Free Kids, the evidence is clear that increasing the price of cigarettes is one of the most effective ways to reduce smoking, especially among children and pregnant women. Studies show that every 10 percent increase in the price of cigarettes reduces youth smoking by 7 percent and overall cigarette consumption by 3 percent to 5 percent. Preliminary evidence confirms that every state that has significantly increased its cigarette tax in

BUYING FRIENDS, INFLUENCING LEGISLATION

In early October 2004, a Congressional House-Senate conference committee killed legislation to grant the U.S. Food and Drug Administration authority to regulate tobacco products. A majority of the Senate conferees voted for it, but a majority of House conferees did not. It turns out that Conference committee members who voted against the FDA legislation received, on average, nearly five times as much in tobacco industry political action committee contributions as those who voted for the legislation. Those voting against FDA authority received on average \$27,255 in tobacco contributions from 1999 to 2004, while those voting for the legislation received on average \$5,505 in tobacco contributions, according to a report from Tobacco-Free Kids Action Fund and Common Cause.

“Congress’ failure to enact FDA regulation of tobacco shows that the tobacco industry’s political muscle continues to block vital public health measures that can protect our kids from tobacco addiction and save lives,” said William V. Corr, executive director of the Tobacco-Free Kids Action Fund. “A small minority beholden to tobacco companies thwarted the will of the public and the will of the majority in Congress at great cost to the children and health of our nation.”

Altogether since 1997, the tobacco industry has contributed more than \$28.7 million, including \$16.8 million in soft money and more than \$11.8 million in PAC contributions to candidates, parties and other political committees. Since 1999, the tobacco companies have also spent more than \$112 million on lobbying Congress.

“The tobacco industry continues to wield enormous political influence by spending millions on campaign contributions and lobbyists’ salaries,” said Common Cause President Chellie Pingree. “It is disappointing that once again Congress has failed to put the interests of the public’s health before Big Tobacco’s agenda.” The full report is available at tobaccofreekids.org/reports/contributions

The desire to both decrease smoking by youths and add to state coffers has prompted 34 states, along with the District of Columbia and Puerto Rico, to increase their cigarette tax since January 1, 2002.

ALASKA'S TOBACCO TAX INCREASE

Starting January 1, 2005 Alaskan smokers will pay \$1.60 in taxes for every pack of cigarettes they purchase. That's 60 cents more than the current tax. Additional increases of 20 cents a pack will take effect in 2006 and 2007, bringing the total tax to \$2 a pack. According to the Campaign for Tobacco-Free Kids, tobacco use is the leading preventable cause of death in Alaska. Over 19 percent of high school students currently smoke, and 2,200 more kids become regular, daily smokers every year. Smoking-caused health care costs Alaska and its taxpayers \$132 million a year. Alaska's higher tobacco tax is expected to prevent some 5,300 kids alive today from becoming smokers, save 2,200 Alaskans from smoking-caused deaths, produce \$88 million in long-term health care savings, and raise roughly \$17 million a year in new revenue.

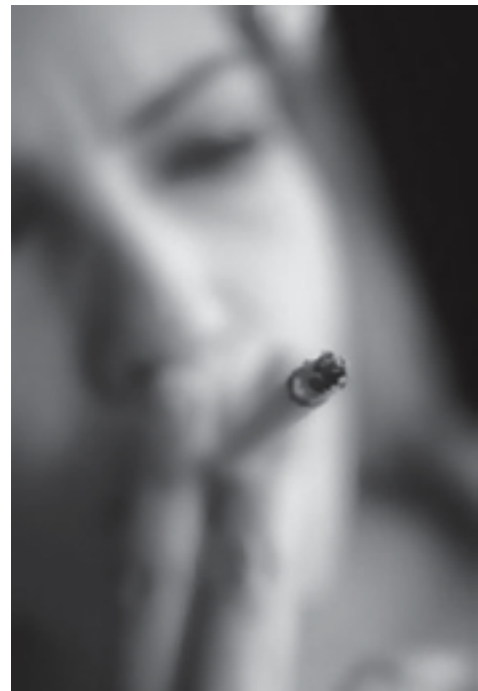
recent years has enjoyed substantial increases in revenue, even while reducing cigarette sales.

The desire to both decrease smoking by youths and add to state coffers has prompted 34 states, along with the District of Columbia and Puerto Rico, to increase their cigarette tax since January 1, 2002. Alaska is the most recent state to enact tobacco tax increases (see sidebar).

But critics of tax increases—most notably representatives of the tobacco industry—contend that tax increases will not produce substantial amounts of new state revenue because they prompt enormous surges in cigarette smuggling and smoker efforts to evade the higher taxes through cross-border or internet cigarette purchases.

However, a study by RTI International States says that increase their cigarette taxes have consistently raised more revenue than they have lost due to smoking declines and tax avoidance efforts (*State Cigarette Excise Taxes:*

Implications for Revenue and Tax Evasion, 2003). It found revenue benefits for every state that increased its cigarette tax by at least 10 cents a pack between 1990 and 2001. In contrast, the study also found that states that do not increase cigarette taxes actually lose revenue over time due to inflation and declining smoking rates. " □



Continued from inside front cover

- The most common cause of acute alcohol-related deaths was motor-vehicle crashes.
- The 2.3 million years of potential life lost for excessive drinking is about half of the total years of potential lives lost that were caused by smoking in 1999, the last year for which estimates are available.

Cruel and Unusual Punishment?

In a move to reduce prison health care costs a

law that goes into effect in 2005 bans tobacco at California prisons, despite complaints that the law would simply drive tobacco use underground.

The bill's author, Republican Assemblyman Tim Leslie, predicted the legislation would "drastically reduce" prison health care costs.

Seven other states already have full smoking bans in their prisons and five others have partial bans, said Kevin O'Neill, a Leslie aide.

The ban covers both inmates and staff at the state's adult and youth prisons, except in staff housing when prisoners are not present and at Indian religious ceremonies.

The state already bars tobacco use by inmates in 13 of its 32 adult prison facilities. The California Youth Authority has banned tobacco use since the late 1980s, but both systems have smoking areas for staff.

Raise Alcohol Taxes in Ireland

Ireland's government should raise taxes on beer and spirits to reduce alcohol consumption that costs the country 2.65 billion euros (\$3.25 billion) a year in health care, auto accidents and absenteeism from work, says a recent government report.

"Raising alcohol taxes can lead to a reduction in many alcohol related problems such as drinking and driving, alcohol related violence and other crimes," according to the report by the Strategic Taskforce on Alcohol.

The government wants to curb excessive drinking as part of a crackdown on unhealthy lifestyles that has seen it ban smoking in workplaces including pubs and restaurants and begin campaigns recommending that people turn off their televisions and exercise more often. Germany, Norway and Switzerland have already imposed higher taxes on so-called alcopops to curb underage drinking.

"The 2.65 billion euros is just the economic cost," Health Minister Michael Martin said in a statement. "We also pay when a colleague fails to turn up for work, when a driver gets into a car having consumed alcohol and cannot make the sharp corner on the way

home, the family pays when a member is aggressive or abusive."

Irish people spend almost 6 billion euros on beer, wine and spirits every year, the report on alcohol said. That's 1,942 euros for every person aged 15 years and over. About 58 percent of drinking occasions among Irish men culminated in binge drinking last year, the highest level in a study of seven European countries.



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Ten Years Ago in *Prevention File* (Vol. 9, No. 4, Fall 1994)

PREVENTION IN THE WORKPLACE: CHANGING THE ENVIRONMENT

Employers are concerned about lost productivity, spiraling health care costs, on-the-job accidents, and other economic costs of employee alcohol, tobacco, and other drug use. But in some cases the very nature of work or the workplace environment may contribute to worker drug use.

At a UCSD conference *Alcohol, Tobacco and Other Drug Problems in the Workplace: Incentives for Prevention*, convened in May 1994, Robin Room, PhD, vice president for research and development at the Addiction Research Foundation in Ontario, Canada, and conference chair, said that while people think of drugs as something people use recreationally, outside the workplace, "it's worth keeping in mind that these drugs, to a greater or lesser degree, are performance drugs as well; that is, they are drugs that people can use—or think that they are using—to improve their performance."

Room pointed to certain cultural situations and workplaces in which people, such as agricultural workers in the wine countries in Southern Europe, thought they couldn't do their job without several liters of wine.

"And during World War II amphetamines were a very important part of performance on both sides of the hostilities. In fact, drugs have played a large, and largely undocumented, role in wartime throughout history.

"Truck drivers may use amphetamines and cocaine in order to keep on schedule. Cigarette smokers often feel that they aren't able to perform some of

their duties without a cigarette in their mouth," he added."

The workplace environment itself can be modified to prevent problems. Room said that one of the first experiments to prevent drug problems in the workplace occurred during World War I, when a study found that alcohol-related productivity losses and accidents could be prevented by changing the opening hours of taverns located at the factory gates.

At the same conference Genevieve Ames, PhD, a senior scientist at the Prevention Research Center in Berkeley, CA, described how one company decided to reduce lunchtime drinking by employees. Those who bring their lunch and/or eat in the cafeteria are paid for the lunch hour.

"Now there are very few employees in that workplace who are going out to lunch, because when you make an hourly wage you are not going to give up \$15 to go out to lunch," Ames said.

Ames says that policies like this to alter the workplace environment fall under the definition of health protection activities, and involve direct change or regulatory measures that have the potential to reach all the people in the workplace.

In contrast, other workplace prevention activities, such as health promotion programs, which provide information and skills to enhance healthier lifestyles, and disease prevention activities, which identify groups at risk and provide special services—like stress-reduction programs for workers in high stress jobs—to avert problems before they occur, requires the active participation of workers.



Editor's note: Environmental management is an approach that is gaining broader acceptance. According to the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug Abuse, and Violence Prevention, the essence of the environmental management approach to alcohol and other drug prevention is people working together to change the community environment that contributes to alcohol and other drug problems. Such change can be brought about through an integrated combination of programs, policies, enforcement and public education campaigns. The environmental management approach is intellectually grounded in the field of public health, which emphasizes the broader physical, social, cultural, and institutional forces that contribute to problems of human health